

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	D.B.	20200	8-22-99
O.I.P.E. CLASSIFIER		100511 <sup>49</sup>	9/10/99
FORMALITY REVIEW			9-19-99

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral) ..... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	✓	✓	5/6/11
2	✓	✓	5/6/11
3	✓	✓	5/6/11
4	✓	✓	5/6/11
5	✓	✓	5/6/11
6	✓	✓	5/6/11
7	✓	✓	5/6/11
8	✓	✓	5/6/11
9	✓	✓	5/6/11
10	✓	✓	5/6/11
11	✓	✓	5/6/11
12	✓	✓	5/6/11
13	✓	✓	5/6/11
14	✓	✓	5/6/11
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If more than 150 claims or 10 actions  
 staple additional sheet here

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